

APR 22 2011



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Bob Herguth
Better Government Association
223 W Jackson Blvd., Ste. 620
Chicago, Illinois 60606

Dear Mr. Herguth:

This is the Office of Labor-Management Standards (OLMS) response to your undated request made pursuant to the Freedom of Information Act (FOIA). Your request was for copies of investigations maintained by the Federal Bureau of Investigation (FBI) on deceased individuals John F. Duff, Jr., and Nick LoCoco. You sent your request to the FBI, which referred portions of its responsive documents relating to this office for a disclosure determination because it determined those documents fall under this office's purview. OLMS received the FBI referral March 24, 2011.

Please note that it is the policy of the Department of Labor to disclose information to the maximum extent practicable. See 29 C.F.R. §70.3. In reviewing the records that were referred, and in making my disclosure determinations, I have kept these considerations in mind. Consequently, I am enclosing ten pages from the files that are within the scope of your request.

The FOIA requires that "[a]ny reasonably segregable portion of a record shall be provided to any person requesting such record after deletion of the portions which are exempt under this subsection." See 5 U.S.C. §552(b). With regards to the pages being withheld in their entirety, any non-exempt and therefore disclosable information is so inextricably intertwined with the exempt, confidential information that disclosure of it would produce pages of essentially meaningless words and phrases having little, if any, informational value. In reviewing OLMS records, there were approximately 18 pages that I determined should be withheld in their entirety. FOIA Exemptions 7(C), 7(D), and 7(E) are being invoked to justify nondisclosure of these pages. The purpose and application of these exemptions are explained below in more detail.

Exemption 7(C) of the FOIA, 5 U.S.C. §552(b)(7)(C), provides protection for records or information compiled by an agency for law enforcement purposes, but only to the extent that the production of such law enforcement records or information "could reasonably be expected to constitute an unwarranted invasion of privacy." Exemption 7(C) requires weighing the privacy interest in nondisclosure against the public interest in the release of the records.¹ It is well established that witnesses, investigators and other subjects of investigation have "substantial privacy interests." Case law has long recognized that the mere mention of an individual's name in a law enforcement file will engender comment

¹ See, e.g., *Ripskis v. HUD*, 746 F.2d 1, 3 (D.C. Cir. 1984).

and speculation and carries a stigmatizing connotation. Accordingly, Exemption 7(C) has been regularly applied to withhold references to persons who are not targets of investigations but who are merely mentioned in law enforcement files, as well as to persons of "investigatory interest." Therefore, I am withholding ten pages of Exemption 7(C) material to protect the personal privacy of individuals who furnished information to the investigators, and other persons who are merely mentioned in these records.

I am also citing Exemption 7(C) to protect the identities of OLMS investigators when mentioned in the investigative files. Due to the nature of their work, law enforcement personnel often face personal harassment and even physical danger as a result of their employment. For such employees, the courts have routinely found a privacy interest sufficient to permit the withholding of their identities.² Consequently, Exemption 7(C) is asserted here in order to protect the identity of the OLMS investigators.

Exemption 7(D) of the FOIA, 5 U.S.C. §552(b)(7)(D), provides protection for "records or information compiled for law enforcement purposes [which] could reasonably be expected to disclose the identity of a confidential source, including a State, local, or foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of a record or information compiled by a criminal law enforcement authority in the course of a criminal investigation or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source." Exemption 7(D) protects the identities of sources whether they have provided information under an express promise of confidentiality or under circumstances from which such an assurance could be reasonably inferred.

By its own terms, however, this statutory enumeration is not exhaustive. Courts have interpreted the term "source" to include a broad range of individuals and institutions that are not necessarily specified on the face of the statute -- such as citizens providing unsolicited allegations of misconduct. Courts have construed Exemption 7(D) as ensuring that confidential sources are protected from retaliation in order to prevent the loss of valuable sources of information. Accordingly, Exemption 7(D) is invoked to withhold complainant and witness identities as well as the statements and information that they provided; if this information were disclosed, there is a substantial likelihood that the individuals providing the information could be determined from an analysis. I am withholding eight pages of Exemption 7(D) material.

Exemption 7(E) of the FOIA, 5 U.S.C. §552(b)(7)(E), allows for the withholding of information that discusses approaches, techniques and procedures or would disclose guidelines for carrying out law enforcement investigations. Exemption 7(E) is being invoked to justify the nondisclosure of internal case identifiers, specifically, case file numbers. These identifiers are internal to OLMS and there is no significant public interest in their disclosure. Moreover, the file numbers that are being withheld contain a program code that is unique to the type of case being investigated. Disclosure of these

² See, e.g., New England Apple Council, Inc. v. Donovan, 725 F.2d 139, 142-44 (1st Cir. 1984) (protecting Inspector General investigator under Exemption 7(C)); Lesar v. United States Department of Justice, 636 F.2d 472, 487-88 (D.C. Cir. 1980) (protecting FBI Special Agents under Exemption 7(C)).

case identifiers could risk circumvention by revealing the nature and extent of specific investigations.

With regard to the applicable charges for processing your FOIA request, the Department of Labor has determined that you are a "representative of the news media" as defined at 29 C.F.R. §70.38(i). As such, only reproduction costs may be assessed, excluding charges for the first 100 pages. 29 C.F.R. §70.40(c) (3). Accordingly, no fees have been assessed for providing these materials.

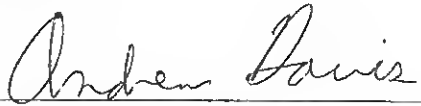
I believe that OLMS has been responsive to your request. However, if you disagree and you wish to have my decision reviewed, you may do so by requesting such a review from the Office of the Solicitor of Labor. The Department of Labor regulations (29 CFR §70.22) provide that when a request for access to records has been denied in whole or in part, the requestor may file an administrative appeal within 90 days from the date of the denial. The appeal must be in writing and must state the grounds for an appeal, including any supporting statements or arguments. When filing an appeal, you should include a copy of your initial FOIA request and a copy of this letter. To facilitate processing, you may wish to fax your appeal to: (202) 693-5539. The appeal must be addressed to:

Solicitor of Labor
U.S. Department of Labor
Rm. N-2428
200 Constitution Avenue, N.W.
Washington, D.C. 20210

If mailed, both the envelope and the letter of appeal itself should be clearly marked: "Freedom of Information Act Appeal." Please refer to tracking number **6 4 1 0 6 4** in all correspondence relative to this request.

Sincerely,

Andrew Auerbach
Deputy Director

By: 
Andrew Davis, Chief
Division of Interpretations and Standards

Enclosures

LABOR ORGANIZATION ANNUAL REPORT
FORM LM-2

MUST BE USED BY LABOR ORGANIZATIONS WITH \$30,000 OR MORE IN RECEIPTS
AND LABOR ORGANIZATIONS WHICH ARE UNDER TRUSTEESHIP

Labor-Management Reporting and Disclosure Act of 1959, as amended
and
Executive Order 11491, as amended

APR 1 1981

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. SUBMIT THIS REPORT IN DUPLICATE.

1. FILE NUMBER 029-020	
2. Period covered From 1 1 80 Thru 12 31 80	
3. CITY, COUNTY AND STATE WHERE CHARTERED TO OPERATE CITY CHICAGO COUNTY COOK STATE ILLINOIS	
4. NAME OF LABOR ORGANIZATION (as shown on charter, constitution, etc.) HOWARD HANSEN DISTILLERY WORKERS AFL-CIO LI: 00003 133 S ASHLAND AVE CHICAGO IL 60607	
5. AFFILIATION	
6. DESIGNATION (Local, Lodge, etc.)	
7. DESIGNATION NUMBER	
8. OFFICIAL MAILING ADDRESS (For mail to the organization): (In care of) NAME OF PERSON	
9. Are organization records kept at the official mailing address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," show address including ZIP Code in Item 22.	
10. Have any accounts in banks or other financial institutions held in a name other than that of your organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Liquidate or reduce any liabilities without disbursement of cash? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Create or participate in the administration of any business enterprise or other organization which met the definition of a "subsidiary organization" as that term is defined in the instructions on page 21. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Acquire any goods or property in any manner other than by purchase or dispose of any goods or property in any manner other than by sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Create or participate in the administration of a trust or other fund or organization, a primary purpose of which is to provide benefits for members or their beneficiaries, as defined by section 3(f) of the Act? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Discover any loss or shortage of funds or other property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If the answer to any of the above questions is "Yes," provide details in Item 22. See specific instructions for items answered "Yes.")	
16. A. Was the labor organization insured by a fidelity bond during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No B. If "Yes," enter the maximum amount recoverable for loss caused by any person \$ 26,000	
17. Enter the date of your organization's next regular election of officers. Month December Year 1981	
18. Were any assets pledged as security or encumbered in any other way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Did your organization have any contingent liabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If the answer to item 18 or 19 is "Yes," provide details in Item 22.)	
20. Did your organization have any changes in its constitution and bylaws (other than changed dues amounts) or in practices described in statements submitted with Form LM-1 or Form LM-1A since your organization filed Form LM-1 or most recently updated it by filing a Form LM-1A to this report, with required documents. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. List fees and dues required. (Complete each line. Enter "None" or "Not Applicable" as appropriate.) (A) If one rate applies, enter here (B) If more than one rate applies, enter here (1) Initiation fee or fee required from new members \$ 50 Minimum \$ Maximum (2) Fees other than dues required from transfer members \$ None (3) Are work permits issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give fee required \$ N/A per. \$ per. \$ per. (4) Regular dues or fees or other periodic payments required to remain a member of the reporting labor organization (per year, mo, etc.) \$ 10 per mo. \$ per. \$ per.	
22. ADDITIONAL INFORMATION (If this is a terminal report, see Section XI of the instructions.)	

Item Number	FIXED ASSET DEPRECIATION:
13	OFFICE IMPROVEMENTS \$ 3249
	OFFICE EQUIPMENT 5585
	TOTAL \$ 8834

SCH #1 THE ACCOUNT RECEIVABLE INDICATED IN ITEM #25 A WAS DEEMED
(b) (2) UNCOLLECTIBLE BY THE LOCAL AND WRITTEN OFF

CONTINUED ON SCH #A (If more space is needed, attach additional sheets with further statement, properly identified.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge, true, correct, and complete.

75. SIGNED: <u>Howard Hansen</u> PRESIDENT (If other title, cross out and write in correct title above. Explain in Item 22.) City Chicago State IL Date 4/10/81 Telephone Number (Include Area Code) 312-443-4301	76. SIGNED: <u>John F. Dugan</u> TREASURER (If other title, cross out and write in correct title above. Explain in Item 22.) City Chicago State IL Date 4/10/81 Telephone Number (Include Area Code) 312-443-4301
--	--

*See section on "Penalties" in accompanying instructions.

FILL OUT SCHEDULES 1 THROUGH 14 BEFORE
FILLING OUT STATEMENTS A THROUGH C

ENTER AMOUNTS IN DOLLARS ONLY
STATEMENT A—ASSETS AND LIABILITIES

LIVOR AND ALLIED WORKERS
UNION LOCAL #3
LM FILE # 027-020

Item	ASSETS	FROM SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	FROM SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
23. (a) Cash on hand (Statement C, lines 1)			50	50	32. Accounts Payable			50	50
(b) Cash in banks (Statement C, lines 2)			6,270	7,242	33. Loans Payable			56,091	55,687
24. Accounts Receivable ..			0	0	34. Mortgages Payable ..			0	0
25. Loans Receivable	1		113	0	35. Other Liabilities			1,122	681
26. U.S. Treasury Securities			0	0	36. TOTAL LIABILITIES ..			57,813	56,370
27. Mortgage Investments ..			0	0	NET ASSETS				
28. Other Investments	2		2,000	2,000	37. Net Assets, Item 31 (less item 36)			7,096	364
29. Fixed Assets	5		55,876	47,042					
30. Other Assets	3		0	0					
31. TOTAL ASSETS			64,307	56,794					

STATEMENT B—RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS	FROM SCH #	(A)	Item	CASH DISBURSEMENTS	FROM SCH #	(B)
38. Dues			163,921	55. Per Capita Tax			50,679
39. Per Capita Tax			0	56. Fees, Fines, Assessments, etc.			0
40. Fees			10,349	57. To Affiliates of Funds Collected on Their Behalf ..			0
41. Fines			0	58. For Account of Affiliates			0
42. Assessments			0	59. To Officers:			
43. Work Permits			0	(a) Gross	9	101,298	
44. On Behalf of Affiliates for Transmittal to Them ..			0	(b) Less Deductions: ...		18,866	82,432
45. Sale of Supplies			1,120	60. To Employees:			
46. Interest			105	(a) Gross	10	10,773	
47. Dividends			0	(b) Less Deductions ...		2,637	8,136
48. Rents			0	61. Office and Administrative Expense			31,970
49. Loans Obtained	8		17,741	62. Educational and Publicity Expense			0
50. Sale of Investments and Fixed Assets	7		0	63. Professional Fees			3,100
51. Repayment of Loans Made	1		0	64. Benefits	11	13,008	
52. From Members for Disbursement on Their Behalf			0	65. Loans Made	1	0	
53. From Other Sources	13		53,492	66. Contributions, Gifts and Grants	12	1,899	
54. TOTAL RECEIPTS (Items 38 through 53)			246,868	67. Supplies for Resale		0	
				68. Purchase of Investments and Fixed Assets	5	0	
				69. Direct Taxes		4,480	
				70. Withholding Taxes		21,744	
				71. On Behalf of Individual Members		0	
				72. Repayment of Loans Obtained	8	18,343	
				73. For Other Purposes	14	7,525	
				74. TOTAL DISBURSEMENTS (Items 55 through 73) ..		245,496	

STATEMENT C—CASH

Cash at Start of Reporting Period	(A)	Cash at End of Reporting Period	(B)
1. Cash on Hand	50	1. Cash on Hand	50
2. Cash in Banks (Checking Accounts and Other Deposits) ..	6,270	2. Cash in Banks (Checking Accounts and Other Deposits) ..	7,142
3. Total of Lines 1 and 2	6,320		
4. Total Receipts from Line 54	246,868		
5. Total of Lines 3 and 4	253,188		
6. Total Disbursements from Line 74	245,496		
7. Deduct Line 6 from Line 5	7,692	3. Total of Lines 1 and 2	7,692

If the amount entered in line 7, column (A) does not equal the amount entered in line 3, column (B), there is a discrepancy in your reporting. Correct the discrepancy or explain it in Item 22.

If more space is needed to list items in any of the schedules below, continue the list on additional sheets, using the same column headings used on the schedule and enter the totals on the line provided for additional listings on the schedule.

SCHEDULE 1—LOANS RECEIVABLE

List below outstanding loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans, regardless of amount, made to business enterprises. (A).	Loans Outstanding at Start of the Period (B)	Loans Made During the Period (C)	Repayments Received During the Period		Balance at the End of the Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. (Name)					
(Purpose)					
(Security)					
(Terms of Repayment)					
2. (Name)					
(Purpose)					
(Security)					
(Terms of Repayment)					
3. Totals from Additional Listings, if any.					
4. Totals of Loans not listed above.	113	0	0	113	0
5. Totals of Lines 1 through 4.	113	0	0	113	0

Enter the Totals from Line 5 in Item 25, Column A Item 65 Item 51 Item 22, with Explanation Item 25, Column B

Form LM-2 SCHEDULE A

NAME LIQUOR AND ALLIED WORKERS UNION LOCAL #3

LM FILE # 009-080

ADDRESS 133 S. ASHLAND BLVD

Calendar Year 12/31/83

CHICAGO, ILLINOIS 60607

Fiscal Year Ended _____

ITEM 22 - ADDITIONAL INFORMATION

14	LIQUOR AND ALLIED WORKERS UNION LOCAL #3 PENSION TRUST FUND 133 S. ASHLAND BLVD CHICAGO, ILLINOIS 60607 PROVIDES RETIREMENT BENEFITS W/P# 188534
	LIQUOR AND ALLIED WORKERS UNION LOCAL #3 HEALTH AND WELFARE FUND 133 S. ASHLAND BLVD CHICAGO, ILLINOIS 60607 PROVIDES HEALTH AND WELFARE BENEFITS FAN# 36-22947574
	LIQUOR AND ALLIED WORKERS UNION LOCAL #3 CLERICAL DIVISION PENSION TRUST FUND W/P# 226835 133 S. ASHLAND BLVD CHICAGO, ILLINOIS 60607 PROVIDES RETIREMENT BENEFITS

C9A +

GDA IT IS NOT PRACTICABLE TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE EXPENSES INCLUDED IN COLUMN F. HOWEVER, A REASONABLE ALLOCATION OF SUCH EXPENSES HAS BEEN MADE. THE UNION LEASED AUTOMOBILES WERE USED MORE THAN 50% ON OFFICIAL BUSINESS, AND THEY WERE USED THE REMAINDER OF THE TIME, IF ANY, FOR PERSONAL USE.

ENTER AMOUNTS IN DOLLARS ONLY

LINCOLN AND ALLIED WORK
UNION LOCAL #3
LM FILE # 027-02

SCHEDULE 2—INVESTMENTS OTHER THAN U.S. TREASURY SECURITIES AND MORTGAGE INVESTMENTS

Description (A)	Amount (B)
Marketable Securities:	
1. Total Cost	\$ 00
2. Total Book Value	00
3. Itemize each Marketable Security holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments:	
4. Total Cost	2,000
5. Total Book Value	2,000
6. Itemize each Other Investment holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 5. Also itemize each subsidiary for which separate reports are attached.	
(a) STATE OF IOWA BONDS	2,000
(b)	
(c)	
(d) Total from Additional Listings, if any	
7. Total of Lines 2 and 5.	\$ 2,000

Enter the Total from Line 7 in Item 28, Column B

SCHEDULE 3—OTHER ASSETS

Description (A)	Book Value (B)
1.	\$
2.	
3.	
4.	
5. Total from Additional Listings, if any	
6. Total of Lines 1 through 5.	\$ 00

Enter the Total of Line 6 in Item 30, Column B

SCHEDULE 4—OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES WITHHELD	\$ 681
2.	
3.	
4.	
5.	
6.	
7.	
8. Total from Additional Listings, if any	
9. Total of Lines 1 through 8.	\$ 681

Enter the Total from Line 9 in Item 35, Column C

SCHEDULE 5—FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation (if any) or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (Give Location):	\$		\$	\$
2. Totals from Additional Listings, if any				
3. Buildings (Give Location):	\$			
4. Totals from Additional Listings, if any				
5. Automotive Equipment				
6. Office Furniture and Equipment	92,139	38,549	43,590	N/A
7. Other Fixed Assets OFFICE IMPROVEMENTS	16,848	13,896	3,452	N/A
8. Totals of Lines 1 through 7.	\$ 98,987	\$ 52,445	\$ 47,042	\$ N/A

Enter the Total from Line 8, column D in Item 29, Column B

SCHEDULE 6—PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description of Assets (if land or building, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.	\$	\$	\$
2.			
3.			
4.			
5. Totals from Additional Listings, if any			
6. Totals of Lines 1 through 5.	\$ 00	\$ 00	\$ 00

Enter the Total from Line 6, Column D in Item 68

Description of Asset Traded In (A)	Cost (B)	Book Value (C)	Trade-In Allowance (D)
(a) NONE	\$	\$	\$
(b)	00	00	00

SCHEDULE 7—SALE OF INVESTMENTS AND FIXED ASSETS

Description of Assets Sold (if land or building, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.	\$	\$	\$	\$
2.				
3.				
4. Total from Additional Listings, if any				
5. Totals of Lines 1 through 4.	\$ 00	\$ 00	\$ 00	\$ 00

Enter the Total from Line 5, Column E in Item 50

SCHEDULE 8—LOANS PAYABLE

Source of Loans Payable at any Time During the Reporting Period (A)	Terms for Repayment (B)	Balance at Start of Period (C)	Loans Obtained During Period (D)	Repayment of Loans During Period (E)	Balance at End of Period (F)
1. MIDWEST BANK-TRUST CO.	1200/mo + 8.5%	\$ 40,091	\$ 17,941	\$ 15,000	\$ 43,032
2. FIRST SECURITY TRUST & SAVINGS	500/mo + 8%	6,000		3,000	3,000
3. S&W BUS	NONE	10,000		343	9,657
4.					
5. Total from Additional Listings, if any					
6. Totals of Lines 1 through 5.		\$ 56,091	\$ 17,941	\$ 18,343	\$ 55,689

Enter the Totals from Line 6 in Item 33, Column C Item 49, Item 72, Item 22, with Explanation Item 33, Column D

LIQUOR AND ALLIED
WORKERS UNION LOCAL #
LW FILE #027-02.

ENTER AMOUNTS IN DOLLARS ONLY

SCHEDULE 9—LIST OF ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Name (Important: List all persons who held office during the period) (A)	Title (B)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Other Direct and Indirect Disbursements		Total (H)
					Expenses including Reimbursed Expenses (F)	Other Disbursements (G)	
1. HOWARD HONSLER	Pres	C	\$ 24,000	\$ —	\$ 1,242	\$ —	\$ 25,242
2. JONAS BUSH	Secy	C	\$ 20,000	\$ —	\$ 865	\$ —	\$ 20,865
3. WILLIAM STEAMER	Tras	C	\$ 20,000	\$ —	\$ 945	\$ —	\$ 20,945
4. PATRICK BUSH	V-P	C	\$ 2,000	\$ —	\$ 246	\$ —	\$ 2,246
5. STEVEN PETT	Asst. Secy	C	\$ —	\$ —	\$ —	\$ —	\$ —
6. NORMAN GOLDBERG	Exec	C	\$ —	\$ —	\$ —	\$ —	\$ —
7. SALLY TROMBIC	Exec	C	\$ —	\$ —	\$ —	\$ —	\$ —
8.							
9.							
10. Total from Additional Listings, if any.							
11. Totals of Lines 1 through 10.			\$ 67,000	\$ —	\$ 3,398	\$ —	\$ 70,398

Code for Column C, "Status": past officer—P; continuing officer—C; new officer during this reporting period—N.

Enter the Total of Line 11, Column H in Item 59(a)
NOTE: If any officer was not elected at a regular election in accordance with the constitution and bylaws, explain in Item 22.

SCHEDULE 10—DISBURSEMENTS TO EMPLOYEES

Name (Important: List all employees who received more than \$10,000 in gross salary, allowances, and other direct and indirect disbursements from this labor organization and any affiliate.) (A)	Position (B)	Name of Affiliated Organization (if applicable) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Other Direct and Indirect Disbursements		Total (H)
					Expenses including Reimbursed Expenses (F)	Other Disbursements (G)	
1.			\$	\$	\$	\$	\$
2.							
3.							
4.							
5.							
6. Total from Additional Listings, if any.							
7. Total for all employees who, during the reporting period, received \$10,000 or less gross salary, allowances, and other direct and indirect disbursements.			\$ 9,905	\$ —	\$ 848	\$ —	\$ 10,753
8. Totals of Lines 1 through 7.			\$ 9,905	\$ —	\$ 848	\$ —	\$ 10,753

Enter the Total of Line 8, Column H in Item 60(a)

SCHEDULE 11—BENEFITS

Type of Benefit (A)	To Whom Paid (B)	Amount (C)
1. EMPLOYEE HEALTH AND		\$
2. WELFARE INSURANCE	TRUST	10,311
3. PENSION CONTRIBUTIONS	TRUST	2,697
4.		
5.		
6.		
7.		
8.		
9.		
10. Total from Additional Listings, if any.		
11. Total of Lines 1 through 10.		\$ 13,008

Enter the Total from Line 11 in Item 64

SCHEDULE 12—CONTRIBUTIONS, GIFTS AND GRANTS

Type (A)	Amount (B)
1. CHARITABLE	\$ 120
2. LABOR ORGANIZATION	80
3. LOCAL POLITICAL	430
4. CIVIC AND OTHERS	710
5. FARMERS AND MASS CARS	557
6.	
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 1,897

Enter the Total from Line 11 in Item 66

SCHEDULE 13—OTHER RECEIPTS

Other Sources (A)	Amount (B)
1. REIMBURSED ADMINISTRATIVE EXPENSES	\$ 53,000
2. EXPENSE REFUNDS	438
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 53,438

Enter the Total from Line 11 in Item 53

SCHEDULE 14—OTHER DISBURSEMENTS

Other Purposes (A)	Amount (B)
1. AUTO EXPENSE UNALLOWABLE	\$ 1,839
2. CHARITABLE EXPENSE	25
3. NSF DUES CHECKS	216
4. INITIATION FEE REFUND	50
5. MEETING EXPENSE UNALLOWABLE	3,968
6. TRAVEL EXPENSE	3,437
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 9,535

Enter the Total from Line 11 in Item 73

LABOR ORGANIZATION ANNUAL REPORT
FORM LM-2

Form approved
Office of Management & Budget
No. 1210-0001

MUST BE USED BY LABOR ORGANIZATIONS WITH \$100,000 OR MORE IN RECEIPTS
AND LABOR ORGANIZATIONS WHICH ARE UNDER TRUSTEESHIP

Labor-Management Reporting and Disclosure Act of 1959, as amended
and
Title VII of the Civil Service Reform Act

This report is mandatory under P.L. 85-725, as amended. Failure to comply may result in criminal prosecution, fines, and civil penalties as provided by 29 U.S.C., sec. 208.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. SUBMIT THIS REPORT IN DUPLICATE.

RECEIVED DOL/LMSA/LMISE DRAD Asst. Direc. FEB 16 1982 A.M. Unit of Labor 7/8/9/10/11/12/1/2/3/4	PATRICIA DUFF 10-A-10-10-10 DISTILLERY WORKERS AFL-CIO LU 00003 133 S ASHLAND AVE CHICAGO IL 60607 1281 CZ M		1. FILE NUMBER 659-020 50	
			2. Period covered From: MO DAY YR 1 1 81 Thru: 12 31 81	
3. CITY, COUNTY AND STATE WHERE CHARTERED TO OPERATE: CITY: CHICAGO COUNTY: COOK STATE: ILLINOIS				
4. NAME OF LABOR ORGANIZATION (as shown on charter, constitution, etc.) DISTILLERY WORKERS AFL-CIO				
5. AFFILIATION NUMBER AND STREET				
6. DESIGNATION (Local, Lodge, etc.) BLDG. AND ROOM NUMBER, IF ANY				
7. DESIGNATION NUMBER				
8. OFFICIAL MAILING ADDRESS (For mail to the organization): (In care of) NAME OF PERSON				
9. Are organization records kept at the official mailing address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," show address including ZIP Code in item 22.				
10. Have any accounts in banks or other financial institutions held in a name other than that of your organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
11. Liquidate or reduce any liabilities without disbursement of cash? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
12. Create or participate in the administration of any business enterprises or other organizations which meet the definition of a "subsidiary organization" as that term is defined in the instructions on page 21. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13. Acquire any goods or property in any manner other than by purchase or disposal of any goods or property in any manner other than by sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Create or participate in the administration of a trust or other fund or organization, the primary purpose of which is to provide benefits for members or their beneficiaries, as defined by section 3(1) of the Act? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
15. Discover any loss or shortage of funds or other property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If the answer to any of the above questions is "Yes," provide details in item 22. See specific instructions for items answered "Yes.")				
16. A. Was the labor organization insured by a fidelity bond during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No B. If "Yes," enter the maximum amount recoverable for loss caused by any person. \$ 29,000				
17. Enter the date of your organization's next regular election of officers. Month: December Year: 1984				
AS OF THE END OF THE REPORTING PERIOD:				
18. Were any assets pledged as security or encumbered in any other way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
19. Did your organization have any contingent liabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If the answer to item 18 or 19 is "Yes," provide details in item 22.)				
20. Did your organization have any changes in its constitution and bylaws (other than changes in dues amounts) or in practices described in statements submitted with Form LM-1 or Form LM-1A since your organization filed Form LM-1 or most recently updated it by filing a Form LM-1A? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an updated Form LM-1A to this report, with required documents.				
21. List fees and dues required. (Complete each line. Enter "None" or "Not Applicable" as appropriate.)				
(1) Initiation fee or fees required from new members <input type="checkbox"/> None <input type="checkbox"/> \$ _____				
(2) Fees other than dues required from transfer members <input type="checkbox"/> None <input type="checkbox"/> \$ _____				
(3) Are work permits issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give fees required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(4) Regular dues or fees or other periodic payments required to remain a member of the reporting labor organization (per year, mo., etc.) \$ _____ per _____				
22. ADDITIONAL INFORMATION (If this is a terminal report, see Section XII of the instructions.)				
Item Number: 13 FIXED ASSET DEPRECIATION: OFFICE IMPROVEMENTS 3,224 OFFICE EQUIPMENT 8,908 12,132				

SEE SCHEDULE A

(If more space is needed, attach additional sheets with further statement, properly identified.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law that all of the information submitted in this report including the information contained in any accompanying documents has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete.

75. SIGNED: at: CHICAGO, ILLINOIS on 3/2/84 City State Date Telephone Number (Include Area Code) 312/243-4305	PRESIDENT (If other title, cross out and write in correct title above. Explain in item 22.) [Signature] [Signature] [Signature]	76. SIGNED: at: CHICAGO, ILLINOIS on 3/2/84 City State Date Telephone Number (Include Area Code) 312/243-4305	TREASURER (If other title, cross out and write in correct title above. Explain in item 22.) [Signature] [Signature] [Signature]
---	--	---	--

*See section on "Penalties" in accompanying instructions.

LIQUOR AND BEVERAGE WORKERS
UNION LOCAL #3
LMA FILE # 029-020

FILL OUT SCHEDULES 1 THROUGH 14 BEFORE
FILLING OUT STATEMENTS A THROUGH G

ENTER AMOUNTS IN DOLLARS ONLY

STATEMENT A—ASSETS AND LIABILITIES

Item	ASSETS	FROM SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	FROM SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
23. (a) Cash on hand			\$ 50	\$ 50	32. Accounts Payable			\$ -0-	\$ -0-
(b) Cash in banks (Statement C, lines 2)			7642	9,645	33. Loans Payable	B	55,689	40679	
24. Accounts Receivable ..			-0-	-0-	34. Mortgages Payable ...			-0-	-0-
25. Loans Receivable	1		-0-	-0-	35. Other Liabilities	4	681	991	
26. U.S. Treasury Securities			-0-	-0-	35. TOTAL LIABILITIES ..		\$ 56,370	\$ 40,770	
27. Mortgage Investments ..			-0-	-0-					
28. Other Investments	2		2880	1220	NET ASSETS				
29. Fixed Assets	5		47062	34,910	37. Net Assets (Item 31 less Item 36)		\$ 3694	\$ 3,935	
30. Other Assets	3		-0-	-0-					
31. TOTAL ASSETS			\$ 76,734	\$ 45,605					

STATEMENT B—RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS	FROM SCH #	(A)	Item	CASH DISBURSEMENTS	FROM SCH #	(B)
38. Dues			153510	55. Per Capita Tax			28791
39. Per Capita Tax			-0-	56. Fees, Fines, Assessments, etc.			-0-
40. Fees			6373	57. To Affiliates of Funds Collected on Their Behalf			-0-
41. Fines			-0-	58. For Account of Affiliates			-0-
42. Assessments			-0-	59. To Officers:			
43. Work Permits			-0-	(a) Gross	9	105,721	
44. On Behalf of Affiliates for Transmitted to Them			-0-	(b) Less Deductions		18,952	86,769
45. Sale of Supplies			-0-	60. To Employees:			
46. Interest			116	(a) Gross	10	9,828	7,252
47. Dividends			-0-	(b) Less Deductions		2,569	22,740
48. Rents			-0-	61. Office and Administrative Expense			-0-
49. Loans Obtained	8		3546	62. Educational and Publicity Expense			2880
50. Sale of Investments and Fixed Assets	7		1000	63. Professional Fees			8807
51. Repayment of Loans Made	1		-0-	64. Benefits	11		-0-
52. From Members for Disbursement on Their Behalf			-0-	65. Loans Made	1		8926
53. From Other Sources	13		57456	66. Contributions, Gifts and Grants	12		-0-
54. TOTAL RECEIPTS (Items 38 through 53)			\$ 222,001	67. Supplies for Resale			-0-
				68. Purchase of Investments and Fixed Assets	6		5912
				69. Direct Taxes			21,210
				70. Withholding Taxes			-0-
				71. On Behalf of Individual Members			18556
				72. Repayment of Loans Obtained	8		14,735
				73. For Other Purposes	14		219,898
				74. TOTAL DISBURSEMENTS (Items 55 through 73) ..			

STATEMENT C—CASH

Cash at Start of Reporting Period	(A)	Cash at End of Reporting Period	(B)
1. Cash on Hand	\$ 50	1. Cash on Hand	\$ 50
2. Cash in Banks (Checking Accounts and Other Deposits)	7642	2. Cash in Banks (Checking Accounts and Other Deposits)	7645
3. Total of Lines 1 and 2	7692		
4. Total Receipts from Line 54	222,001		
5. Total of Lines 3 and 4	229,693		
6. Total Disbursements from Line 74	217,999		
7. Deduct Line 6 from Line 5	\$ 9,694	3. Total of Lines 1 and 2	\$ 9,695

If the amount entered in line 7, column (A) does not equal the amount entered in line 3, column (B), there is a discrepancy in your reporting. Correct the discrepancy or explain it in Item 22.

If more space is needed to list items in any of the schedules below, continue the list on additional sheets, using the same column headings used on the schedule and enter the totals on the line provided for additional listings on the schedule.

SCHEDULE 1—LOANS RECEIVABLE

List below outstanding loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans, regardless of amount, made to business enterprises.	Loans Outstanding at Start of the Period (B)	Loans Made During the Period (C)	Repayments Received During the Period		Balance at the End of the Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. (Name)					
(Purpose)					
(Security)					
(Terms of Repayment)					
2. (Name)					
(Purpose)					
(Security)					
(Terms of Repayment)					
3. Totals from Additional Listings, if any.					
4. Totals of Loans not listed above.					
5. Totals of Lines 1 through 4.	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-

Enter the Totals from Line 5 in Item 25, Item 65, Item 61, Item 22, Item 25,
Column A, with Explanation Column B

ENTER AMOUNTS IN DOLLARS ONLY

Liquor And Auto Houses
UNIT CODE #3
LPI FILE #029-020

SCHEDULE 2—INVESTMENTS OTHER THAN U.S. TREASURY SECURITIES AND MORTGAGE INVESTMENTS

Description (A)	Amount (B)
Marketable Securities:	
1. Total Cost	\$
2. Total Book Value	
3. Itemize each Marketable Security holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments:	
4. Total Cost	1000
5. Total Book Value	1000
6. Itemize each Other Investment holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 5. Also itemize each subsidiary for which separate reports are attached.	
(a) STATE OF ISRAEL BOND	1000
(b)	
(c)	
(d) Total from Additional Listings, if any	
7. Total of Lines 2 and 5.	\$ 1000

Enter the Total from Line 7 in Item 28, Column B

SCHEDULE 3—OTHER ASSETS

Description (A)	Book Value (B)
1.	\$
2.	
3.	
4.	
5. Total from Additional Listings, if any	
6. Total of Lines 1 through 5.	\$ -0-

Enter the Total of Line 6 in Item 30, Column B

SCHEDULE 4—OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYABLE TAXES WITHHELD	\$ 991
2.	
3.	
4.	
5.	
6.	
7.	
8. Total from Additional Listings, if any	
9. Total of Lines 1 through 8.	\$ 991

Enter the Total from Line 9 in Item 35, Column D

SCHEDULE 5—FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation (If any) or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (Give Location):	\$		\$	\$
2. Totals from Additional Listings, if any				
3. Buildings (Give Location):	\$			
4. Totals from Additional Listings, if any				
5. Automobile Equipment				N/A
6. Office Furniture and Equipment	22139	47456	34683	
7. Other Fixed Assets	16848	11681	227	
8. Totals of Lines 1 through 7.	\$ 48987	\$ 64077	\$ 34910	\$ N/A

Enter the Total from Line 8, column D in Item 29, Column B

SCHEDULE 6—PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description of Assets (If land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.	\$	\$	\$
2.			
3.			
4.			
5. Totals from Additional Listings, if any			
6. Totals of Lines 1 through 5.	\$ -0-	\$ -0-	\$ -0-

Enter the Total from Line 6, Column D in Item 58

Description of Assets Traded In (A)	Cost (B)	Book Value (C)	Trade-In Allowance (D)
(a)	\$	\$	\$
(b)	\$ -0-	\$ -0-	\$ -0-

SCHEDULE 7—SALE OF INVESTMENTS AND FIXED ASSETS

Description of Assets Sold (If land or building, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. STATE OF ISRAEL BOND	\$ 1000	\$ 1000	\$ 1000	\$ 1000
2.				
3.				
4. Total from Additional Listings, if any				
5. Totals of Lines 1 through 4.	\$ 1000	\$ 1000	\$ 1000	\$ 1000

Enter the Total from Line 5, Column E in Item 50

SCHEDULE 8—LOANS PAYABLE

Source of Loans Payable at any Time During the Reporting Period (A)	Terms for Repayment (B)	Balance at Start of Period (C)	Loans Obtained During Period (D)	Repayment of Loans During Period		Balance at End of Period (F)
				Cash (E)(1)	Other Than Cash (E)(2)	
1. ANDREAS BANK + TRUST	1500/100 + 8.5%	85,091	\$ 3,546	\$ 18,000	\$ -0-	\$ 16,637
2. FIRST SECURITY TRUST + SAVINGS	500/100 + 8.5%	80,941	-0-	4,880	-0-	16,441
3. LOAN OFFICE	100/100	9659	-0-	8,850	-0-	7,601
4.						
5. Total from Additional Listings, if any						
6. Totals of Lines 1 through 5.		\$ 556,89	\$ 3,546	\$ 18,556	\$ -0-	\$ 406,79

Enter the Totals from Line 6 in Item 33, Column C Item 49 Item 72 Item 22, Column D Item 33, Column D

LIQUOR AND REVISED HOURS
LOCAL Union #3
LM #029-020

ENTER AMOUNTS IN DOLLARS ONLY

SCHEDULE 9—LIST OF ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Name (Important: List all persons who held office during the period)	Title	Status	Gross Salary (before taxes and other deductions)	Allowances	Other Direct and Indirect Disbursements Expenses Including Reimbursed Expenses	Other Disbursements	Total
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1. ROBERT HENSEN	Pres	C	\$ 84900	\$ -0-	\$ 9234	\$ -0-	\$ 34,136
2. JOHN DUFF	V.P.	C	\$ 30000	\$ -0-	\$ 13,784	\$ -0-	\$ 43,784
3. PATRICK DUFF	V.P.	C	\$ 12000	\$ -0-	\$ 11,124	\$ -0-	\$ 23,124
4. WILLIAM STRATTON	Secy	C	\$ -0-	\$ -0-	\$ 4,677	\$ -0-	\$ 4,677
5. STELLA PATT	Tras	C	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
6. NERVEN GANDOLFO	Ex Bd	C	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
7. JACK TWORIG	Ex Bd	C	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
8.							
9.							
10. Total from Additional Listings, if any.							
11. Totals of Lines 1 through 10.			\$ 166900	\$ -0-	\$ 38,821	\$ -0-	\$ 105,721

Code for Column C, "Status": P, past officer; C, continuing officer; N, new officer during this reporting period.

Enter the Total of Line 11, Column H in Item 59(a)

NOTE: If any officer was not elected at a regular election in accordance with the constitution and bylaws, explain in Item 22.

SCHEDULE 10—DISBURSEMENTS TO EMPLOYEES

Name of Employee	Position	Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions)	Allowances	Other Direct and Indirect Disbursements Expenses Including Reimbursed Expenses	Other Disbursements	Total
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.							
2.							
3.							
4.							
5.							
6. Total from Additional Listings, if any.							
7. Total for all employees who, during the reporting period, received \$10,000 or less gross salary, allowances, and other direct and indirect disbursements.			\$ 9850	\$ -0-	\$ -0-	\$ -0-	\$ 9850
8. Totals of Lines 1 through 7.			\$ 9850	\$ -0-	\$ -0-	\$ -0-	\$ 9850

Enter the Total of Line 8, Column H in Item 60(a)

SCHEDULE 11—BENEFITS

Type of Benefit	To Whom Paid	Amount
(A)	(B)	(C)
1. EMPLOYEE HEALTH AND		
2. MEDICAL INSURANCE	TRUST	\$ 6484
3. PENSION CONTRIBUTIONS	TRUST	\$ 2383
4.		
5.		
6.		
7.		
8.		
9.		
10. Total from Additional Listings, if any.		
11. Total of Lines 1 through 10.		\$ 8867

Enter the Total from Line 11 in Item 64

SCHEDULE 12—CONTRIBUTIONS, GIFTS AND GRANTS

Type	Amount
(A)	(B)
1. CHARITABLE	\$ 100
2. GRANT	\$ 1400
3. PRIZES AND AWARDS	\$ 487
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 2487

Enter the Total from Line 11 in Item 66

SCHEDULE 13—OTHER RECEIPTS

Other Sources	Amount
(A)	(B)
1. REIMBURSED ADMINISTRATIVE EXPENSES	\$ 55400
2. BYRONSE REWARDS	\$ 2050
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 57450

Enter the Total from Line 11 in Item 53

SCHEDULE 14—OTHER DISBURSEMENTS

Other Purposes	Amount
(A)	(B)
1. GENERAL INSURANCE EXPENSE	\$ 797
2. INTEREST EXPENSE	\$ 7,226
3. MEETING EXPENSE	\$ 6,712
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from Additional Listings, if any.	
11. Total of Lines 1 through 10.	\$ 14,735

Enter the Total from Line 11 in Item 73

